

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030572

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 120

Primary Registration District No. _____

Registrar's No. 84

STATE FILE NUMBER

FILED SEP 11 1962

1. PLACE OF DEATH

a. COUNTY

Gentry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Albany

Length of stay in 1b

8 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONGentry County
Memorial Hospital

Inside Limits

Yes ☒ No ☐c. CITY
OR TOWN

Miller Township

d. STREET
ADDRESS

N. of Albany

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

ROBERT

Middle

THOMAS

Last

AUSTIN

4. DATE
OF DEATH

Month

September 1,

Day

1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/20/178

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

farming

10b. KIND OF BUSINESS OR INDUSTRY

agriculture

11. BIRTHPLACE (City and state or country)

Albany, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

John H. Austin

13b. MOTHER'S MAIDEN NAME

Hila Ireland

14. NAME OF HUSBAND OR WIFE

Jennie Walker Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Robert T. Austin Albany, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRAL HEMORRHAGE

INTERVAL BETWEEN
ONSET AND DEATH

7 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

HYPERTENSION

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year.

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 24 to Sept 1, 1962 and last saw him alive on 8/31/62
Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Bernie Parsons M.D.

22b. ADDRESS

Albany Mo.

22c. DATE SIGNED

9/7/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

Sept. 3, 1962

23c. NAME OF CEMETERY OR CREMATORY

Grandview

23d. LOCATION (City, town, or county)

Albany, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Brooks-Cochell Funeral Home Albany, Mo.

25. DATE RECD. BY LOCAL REG.

9-7-62

26. REGISTRAR'S SIGNATURE

Cecilia Whitman Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Coohell

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.